

OFFICE OF THE FIRE OFFICIAL

Greenwich Township

420 Washington Street

Gibbstown, New Jersey 08027

856-423-1038 ext 215

William C. Angelini
Fire Official



NJ State Type 1 Permit \$54.00

Date: _____

Applicant:

Business Name: _____

Food Truck Name (if different than above): _____

Address: _____

Contact Name: _____

Phone: _____ Email: _____

Request for Fire Safety Permit for Mobile Enclosed Food Truck

Event Location: _____

Type of Event: _____

The Food Truck will be used on or between (dates): _____

And between the hours of _____ and _____.

The Food Truck will be set up and ready for inspection on Date/Time: _____

Name and phone number of contact/ responsible person to be present at the time of the inspection: _____

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Vehicle Information

Vehicle Registration (License #): _____ State: _____

Is this Vehicle equipped with an exhaust hood: Yes No

Cooking Appliances:

Stove Griddle Oven Deep Fryer Other _____

- Cooking operations that produce grease laden vapors, must be equipped with an exhaust hood and a hood fire suppression system.
- The Fire Suppression System must have a valid inspection tag. Hood fire suppression systems are required to be inspected every 6 months. The Operator must have a copy of the actual fire suppression system inspection report (not just a tag) and submit with application.
- If the truck has a deep fat fryer, the vehicle must be equipped with a "K-type" portable fire extinguisher. Other trucks must have a fire extinguisher compatible with the fire suppression system. All fire extinguishers must have a current service tag.
- Propane cylinders, piping and hoses must be in good condition and free from leaks.

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly appointed person, authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the Fire Code as best as any specific conditions imposed by the Fire Official.

Applicant Signature

Name/ Title

Date

FOR OFFICE USE ONLY

Date Paid: _____ Amount Paid: _____ Check Number: _____ Permit #: _____